

City of Greenbelt Animal Control 15 Crescent Road, Suite 200 Greenbelt, MD 20770

Phone: 240-508-5181 or 301-345-5417

Fax: 301-345-5418

www.greenbeltmd.gov/planning_code/

		Date Submitted			
VOLUNTEER APP	LICA	TION			
Please provide your pers	onal	information:			
Name			Age		
Nick Name					
Address			Apt		
City, State, Zip					
	me Phone Other Phone				
E-mail address					
Emergency Contact		Relation			
Contact Phone		Alt. Contact Phone			
	3 4	College 1 2 3 4 G	raduate School 1 2 3 4 shool, grade and course of study):		
			micol, grade and course of study).		
Please choose your area	(s) of	interest from the following	ing list:		
Dog walking		Fostering	☐ Yard work		
Cat socializing		Community Events	Other		
Cage cleaning		Greeter			

Describe any previous experience working with animals:				
List present and previous volu	unteer jobs:			
Occupation and Employer:				
May we call you at work?	If yes, phone # _			
List additional information tha	t may be useful (ie: special skills, tra	ining, interests, and hobbies):		
Please indicate the time you	would be available for work:			
Monday	Friday			
Tuesday	Saturday			
Wednesday	Sunday			
Thursday	Almost any time			
Please list two (2) references	, who are not family members:	Phone Number		
Name	Relationship	Phone Number		
I give my permission to the Cinformation given.	ity of Greenbelt Animal Control to	verify any of the		
Volunteer Signature		Date		
Depart	tment Use: New volunteer informa	ation		
☐ Interview date	training data			
Interviewer	training date Trainer			